24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

SCHEDULE E)	PAGE 1 OF 2 FOR SE OF FORM 24/48	
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼	
New Prosperity Foundation; The	C C00488494	
	C 00488494	
Check If 24-hour report		
Full Name (Last, First, Middle Initial) of Payee XPS Professional Services	Date	
Mailing Address 220 F Adams St	10	
220 E Additio Ot	Amount	
Suite 200 City State Zip Code		
Springfield IL 62701	1400.00	
Divinose of Evnanditure	Transaction ID : SE.4769 Office Sought: ✓ House State: IL	
Door Hangers Category/ Type	Senate District: 08	
Name of Federal Candidate Supported or Opposed by Expenditure:	President - 08	
	Check One: Support X Oppose	
Calendar Year-To-Date Per Election	Disbursement For: Primary General	
for Office Sought	O12 Other (specify)	
Full Name (Last, First, Middle Initial) of Payee	Date	
XPS Professional Services	M M / D D / Y Y Y	
Mailing Address 220 E Adams St	10	
Suite 200	Amount	
City State Zip Code	1400.00	
Springfield IL 62701	Transaction ID : SE.4770	
	Office Sought: House State: IL	
Door Hangers Type	Senate District: 11	
Name of Federal Candidate Supported or Opposed by Expenditure:	President ———	
G. WILLIAM (BILL) FOSTER	Check One: Support Oppose	
	Disbursement For: Primary General	
for Office Sought	Other (specify)	
(a) SUBTOTAL of Itemized Independent Expenditures	2800.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		
(b) SOBTOTAL OF CHIRCHIES INdependent Experiations		
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
Gregory Baise	M = M / D = D / Y = Y = Y	
[Electronically Filed] Date Signature	10 12 2012	
<u> </u>		

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

SCHEDULE E)	PAGE 2 OF 2 FOR SE OF FORM 24/48	
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼	
New Prosperity Foundation; The		
	C C00488494	
Check If 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y	
Full Name (Last, First, Middle Initial) of Payee		
XPS Professional Services	M M / D D / Y Y Y Y	
Mailing Address	10 11 2012	
Amou	ınt	
Suite 200 City State Zip Code		
Sprinafield IL 62701	2000.00	
Transa of Europediture	action ID : SE.4771	
Door-to-Door GOTV (ESTIMATE) Category/ Type	Senate	
	President District: 11	
Name of Federal Candidate Supported or Opposed by Expenditure: C WILLIAM (BILL) FOSTER Check One		
G. WILLIAM (BILL) FOSTER Check One	: Support X Oppose	
Calendar Year-To-Date Per Election Disburseme	ent For: Primary 🔀 General	
for Office Sought 139721.43 2012	Other (specify)	
Full Name (Last, First, Middle Initial) of Payee Date		
XPS Professional Services		
	10 / 11 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 220 E Adams St		
Suite 200 Amou	unt	
City State Zip Code	14000.00	
Springfield IL 62701 Trans	action ID : SE.4772	
Purpose of Expenditure Door-to-Door GOTV (ESTIMATED) Category/ Type	<u>"-</u>	
Type	Senate District: 08	
Name of Federal Candidate Supported or Opposed by Expenditure:	President	
L. TAMMY DUCKWORTH Check One	: Support X Oppose	
Calendar Year-To-Date Per Election Disburseme	ent For: Primary X General	
220602.25 2012	Other (specify)	
(a) SUBTOTAL of Itemized Independent Expenditures	16000.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	18800.00	
	7	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert		
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
Gregory Baise	D D / Y Y Y Y	
[Electronically Filed] Date 10	12 2012	
Signature		